e e e e e e e e e e e e e e e e e e e	PRC	OF OF CLAIM		
Name of Debtor	Case Nu	mber	<u>.</u>	
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USA Communcial Mostgone Co.	06	-10725 (LSK)		1
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expe	ense	Check box if you are		
arising after the commencement of the case A "request" for payment o administrative expense may be filed pursuant to 11 U S C § 503		aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address		to your claim. Attach copy of statement giving particulars		
11321241004448		Check box if you have		i
LOOB, VICTORIA S		never received any notices	DO NOT THE TH	IS PROOF OF CLAIM FOR A
3613 HILLSDALE CT LAS VEGAS NV 89108-1163		from the bankruptcy court or BMC Group in this case	SECURED INTER	REST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the	ONE OF THE DE	eady filed a proof of claim with the
		envelope sent to you by the court	Bankruptcy Court	or BMC you do not need to file again
Creditor Telephone Number (74) 324-Od 944 Last four digits of account or other number by which creditor identifies d	ehtor			E IS FOR COURT USE ONLY
4658	6 0101	Check here repla	_r a previousty	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Taxes	_	salaries, and compensation	(fill out below)	Other claims against servicer (not for ioan balances)
Money loaned Other (describe bnefly)		digits of your SS # ompensation for services pe	eformed from	
Pencian Benefit	Oripaid C	ompensation for services pe	anonnea nom	(date) (date)
2 DATE DEBT WAS INCURRED 6/06	3 IF C	OURT JUDGMENT, DATE (OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descn	be your claim and state the amo	ount of the claim at t	he time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		and the second contribution
Check this box if a) there is no collateral or lien securing your claim, or b) y		a right of setoff)	our claim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	ur Claim is	Bnef description o	f collateral	
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entitled to priority		Value of Collatera	ı \$	
Amount entitled to priority \$		Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim, if any	·	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days	با	Up to \$2 225* of deposits tow services for personal family	rard purchase lease or household use -1	or rental of property of 1 U S C § 507(a)(7)
before filing of the bankruptcy petrtion or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to g	overnmental units -	11 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Other - Specify applicable par * Amounts are subject to adju		· · · · · · · · · · · · · · · · · · ·
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5 TOTAL AMOUNT OF CLAIM \$ Full Accrued		efix parmed	of Ti	smuster of
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DOCUMENTS If the documents are not available, explain If the do 8 DATE-STAMPED COPY To receive an acknowledgment of the			-	i envelope and copy of this
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The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, co	prevailin	g Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units)	BY HAND	OR OVERNIGHT DELIVERY TO) D	
BMC Group	BMC Grou	ip CM Claims Docketing Cente	רוו דח	OCT 09 2006
P O Box 911	1330 East	Franklin Avenue lo CA 90245	1 1111	
DATE SIGN and print the name and title if any of the	creditor or			USA CMC
thus claim (attach copy of power of attom	. , , .		. 1	1072500499
111/7/00 1/Mus X Ters	VIC	Moria Si Lo	250	i

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

1 1

	PROOF OF CLAIM			
1	ase Number			
	06-10725(188)		!	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expensions after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503	Se Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		1	
Name of Creditor and Address 11321241009404 HEFNER STEPHEN R 10329 EVENING PRIMROSE AVE LAS VEGAS NV 89135-2801	statement grving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the	DO NOT FILE THIS PRO SECURED INTEREST IN ONE OF THE DEBTORS If you have already file	A BORROWER But a proof of claim	THAT IS NOT
Creditor Telephone Number ()	envelope sent to you by the court	Bankruptcy Court or BMC THIS SPACE IS F	-	=
Last four digits of account or other number by which creditor identifies deb			UN OCONT OC	VIAF !
4 PAGE 50P 61 AW	Check here replace or f this claim amend	a previously filed of	laım dated	
1 BASIS FOR CLAIM R R Goods sold Personal injury/wrongful death	letiree benefits as defined in 11 U S (C § 1114(a) 🔲 🛭	Jnremitted princ	cipal
Services performed Traves	Vages, salanes and compensation (f	ill out below)	Other claims aga (not for loan bala	ainst service
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2 DATE DEBT WAS INCURRED 4-28-06 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that be	3 IF COURT JUDGMENT, DATE O		case filed	
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Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of your c	ir cialim •••••	ur daim is secured by	Conateral (III Color	anig
entitled to priority UNSECURED PRIORITY CLAIM	Bnef description of	collateral		
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Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)				
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Contributions to an employee benefit plan - 14 U.S.C. § 507(a)(5)	Other - Specify applicable paraget * Amounts are subject to adjust			
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	HAND OR OVERNIGHT DELIVERY TO			
Attn USACM Claims Docketing Center Att	n USACM Claims Docketing Center	FILED	OCT 1	2006
	30 East Franklin Avenue Segundo CA 90245	'	001 10	4000
DATE SIGN and print the name and title if any of the cre	editor or other person authorized to file		JSA CMC	
	Stephen R. Hem	er III		

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

BMC Group Att USACM Claims Docketing Center PO Box 911 El Segundo, CA 90245-0911

October 16, 2006

Re Unsecured Non Priority Claim

Please accept this letter as an Unsecured Non Priority Claim for the USA Commercial Mortgage Company Defined Benefit Pension Plan, for the "full accrued benefit earned" through the date of termination of my employment

Thank You,
Douglas A Esteves
4500 S Lakeshore Drive # 322

Tempe, Arzona 85282

480-831-2666

FILED OCT 1 9 2006



Target 1	PRO	OF OF CLA	MIA			
	ase Nu	mber				
	06-	10745 (LB	R)			
NOTE See Reverse for List of Debtors and Case Nimbers This form should not be used to make a claim for an administrative expensions after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address		Check box if you a aware that anyone else filed a proof of claim re to your claim. Attach o statement giving partic	e has elating copy of			
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Creditor Telephone Number (%) 446-64001		court	,	• •		OR COURT USE ONLY
Last four digits of account or other number by which creditor identifies del	btor	Check here I	replac amend	a previously	filed o	alaım dated
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Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of depo services for personal	osits towa	rd purchase lease	or rer	tal of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties ow	-			-
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other - Specify applic * Amounts are subject	ct to adjus	 tment on 4/1/07 ai	nd ever	y 3 years thereafter
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AT TIME CASE FILED (unsecured)	(s	ecured)	NOK	(pnonty)		Berefeltotal) Gar Hed
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The original of this completed proof of claim form must be sent be ACCEPTED) so that it is actually received on or before 5 00 pm, proceeding the person or entity (including individuals, partnerships, concernmental units)	prevailin	g Pacific time, on N	lovembe	r 13, 2006	TI	IIS SPACE FOR COURT USE ONLY
BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911	MC Grou ttn USA 330 East #Segund	CM Claims Docketing t Franklin Avenue to, CA 90245	ig Center	FILED	oc.	T 2 6 2006
DATE SIGN and provide the name field tyle triany of the control o	creditor or y if any) Thom	// //	nd to file		ı.	USA CMC 1072500744
Penalty for presenting fraudulent claim is a fine of up to 2500 000 or imprisonment			SC VE	52 AND 3571	•	

The second secon				
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM			
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USA COMMERCIAL MONTGAGE COMPANY	06-1	10725CBR		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address: Soc #530- 84-32	67	your claim. Attach copy of statement giving particulars.		
DEVIN LEE 7493 BIG COTTON WOOD COURT	0 _	Check box if you have never received any notices from the bankruptcy court or	DO NOT FILE THI	S PROOF OF CLAIM FOR A
		BMC Group in this case.	SECURED INTERI ONE OF THE DEE	EST IN A BORROWER THAT IS NOT STORS.
LAS VEGAS 89123		Check box if this address differs from the address on the envelope sent to you by the court.	If you have aire Bankruptcy Court o	ady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies of	debtor			E IS FOR COURT USE ONLY
	Jestor.	Check here replace of this claim amen	a previously	filed claim dated:
1. BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
☐ Goods sold ☐ Personal injury/wrongful death ☐ Taxes		salaries, and compensation (fill out below)	Other claims against services (not for loan balances)
Money loaned Other (describe briefly)		digits of your SS #:	dament franci	,
	Unpaid d	compensation for services per	normed from:	(date) to (date)
2. DATE DEBT WAS INCURRED: 4/13/06	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(44.6)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that	t best descri	be your claim and state the amor	unt of the claim at th	ne time case filed.
See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if: a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of your entitled to priority.		a right of setoff).		ed by collateral (including
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Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towa	ard purchase, lease,	, or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days	_	services for personal, family, o		
before filing of the bankruptcy petition or cessation of the debtors business, whichever is earlier - 11 U.S.C. § 507(a)(4).	-	Taxes or penalties owed to go Other - Specify applicable part		
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governmental units).	•	OR OVERNIGHT DELIVERY TO	•	USA CMC
BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center	BMC Gro			1072500943
P. O. Box 911	1330 Eas	t Franklin Avenue		
El Segundo, CA 90245-0911 DATE SIGN and print the name and title, if any, of the		do, CA 90245		
this claim (attach copy of power of attorn			Å	ILED NOV 0 2 2006
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